

Supplemental Application Data Sheet

APPLICATION INFORMATION

Application Number:: 10/510,652
Filing Date:: 10/08/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable From (CRF)?:: No
Number of Copies of CRF::
Title:: QUANTITATIVE ASSAY OF THE ANGIOGENIC AND
ANTIANGIOGENIC ACTIVITY OF A TEST
MOLECULE
Attorney Docket Number:: 230809
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven
Middle Name:: K
Family Name:: LIBUTTI
Name Suffix::
City of Residence:: North Potomac
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 14013 Welland Terrace

City of mailing address:: North Potomac
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20878
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: L
Family Name:: KAYTON
Name Suffix::
City of Residence:: Pikesville New York
State or Prov. of Residence:: MD NY
Country of Residence:: US
Street of mailing address:: 8204 Spring Bottom Way 233 E. 70th Street
#12P
City of mailing address:: Pikesville New York
State or Province of mailing address:: MD NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21208 10021

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 45733
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733
Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/10932	04/09/03
PCT/US03/10932	Non Provisional of	60/371,010	04/09/02

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Government of the United States of America, represented by
the Secretary, Department of Health and Human Services

Street of mailing address:: Office of Technology Transfer
6011 Executive Boulevard, Suite 325

City of mailing address:: Rockville

State or Province of
mailing address:: MD

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20852